



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

AHMED A KHALIFA MD PA
1415 S HIGHWAY 6 STE 400 D
SUGAR LAND TX 77478-4908

Respondent Name

PACIFIC EMPLOYERS INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 15

MFDR Tracking Number

M4-11-0739-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...the medical bill of \$138.41 for the procedural code 99214 was reduced to \$117.65. The rationale for the denial was 'Claim specific negotiate discount. Any reduction is in accordance with Focus/Beech Street contract.'... Please note that Dr. Ahmed Khalifa with tax ID 76-0436860 never had a contract with Beech Street/Focus... Therefore, please accept this letter as our request for reconsideration \$20.76...with respect to MFDR M4-11-1234, the same carrier agreed that there was no contract and hence, made the additional payment..."

Amount in Dispute: \$20.76

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider submitted billing in the amount of \$138.41, which the Carrier reimbursed at \$117.65. This reimbursement is pursuant to the adopted medical fee guideline and the contract between the Provider and the Carrier's medical services contract vendor, Beech Street... Based on the representations of the Carrier's contract vendor, Beech Street, the services were properly reimbursed under the contract...Please note that this documentation was previously provided to [REDACTED], who determined [REDACTED]..."

Response Submitted by: David Klosterboer & Associates, 1501 S. Mopac Expressway, Suite A-320, Austin, Texas 78746

SUMMARY OF FINDINGS

Date of Service	Disputed Services	Amount In Dispute	Amount Due
August 5, 2010	Professional Service CPT code 99214	\$20.76	\$20.76

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

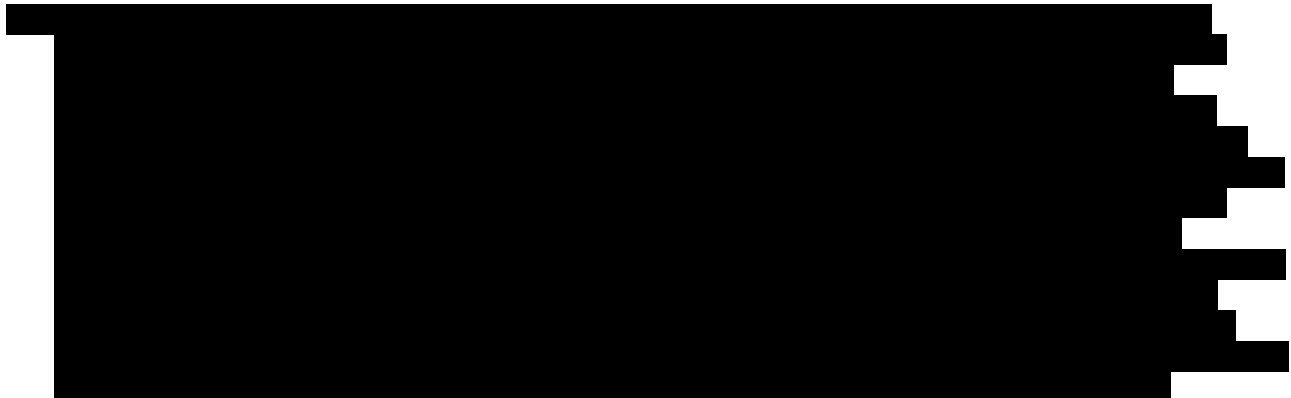
1. 28 Texas Administrative Code §133.4 sets out the provisions for written notification to health care providers of contractual agreements for informal and voluntary networks.
2. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
3. 28 Texas Administrative Code §134.203 sets forth the medical fee guideline for professional services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - FO9L – 131 - CLAIM SPECIFIC NEGOTIATED DISCOUNT. ANY REDUCTION IS IN ACCORDANCE WITH FOCUS/BEECH STREET CONTRACT. FOR QUESTIONS REGARDING NETWORK REDUCTIONS, PLEASE CALL 1-800-243-2336.

Issues

1. Did the carrier respond to a request for additional information?
2. Did the carrier meet the requirements of §133.4?
3. Does the determination made by system monitoring and oversight in complaint number 935875 carry weight in this medical fee dispute?
4. Is the insurance carrier entitled to pay the health care provider at a contracted rate?
5. Should the division address allegations made on the existence of a contract?
6. Is the requestor entitled to additional reimbursement?

Findings

1. The division's medical fee dispute resolution program area issued a memorandum requesting documentation from the requestor on Monday October 24, 2011 to support that the requestor and provider in this medical fee dispute was notified pursuant to 28 Texas Administrative Code §133.4. The carrier responded to the division's request on November 3, 2011. Review of the responsive documents finds a statement dated January 18, 2011 provided by a representative of Beech Street alleges that "...Beech complied with the notice requirements contained in 28 TAC 133.4. The website listing may be found at the following location: http://www.beechstreet.com/providers/texas_comp.html."
2. 28 Texas Administrative Code §133.4(d) sets out that the notice must include the elements stated in (d)(1) and (d)(2), and may be provided through a website link only if the website satisfies the requirements of (d)(4)(A) and (B). Furthermore, §133.4(e) titled *Documentation* requires that ...The informal or voluntary network, insurance carrier, or the insurance carrier's authorized agent, as appropriate, shall document the information provided in the notice as required by subsection (d) of this section, the method of delivery, to whom the notice was delivered, and the date of delivery. Although review of the website link at beechstreet.com supports that the website contains information that satisfies §133.4(d) (1) (2), no documentation was found to sufficiently support the date of notification. Therefore, pursuant to §133.4(e), the respondent's failure to provide documentation that sufficiently supports the notification date creates a rebuttable presumption in this medical fee dispute that the health care provider did not receive the required notification.



- [REDACTED]
4. 28 Texas Administrative Code §133.4(g) states, in pertinent part, that "...The insurance carrier is not entitled to pay a health care provider at a contracted rate negotiated by an informal or voluntary network if: (1) the notice to the health care provider does not meet the requirements of Labor Code §413.011 and this section..." Because the requestor failed to provide documentation to sufficiently support that Beech Street complied with §133.4(e) or (f), the respondent in this case was not entitled to pay at the Beech Street contracted rate. For this reason the division finds that reason code "FO9L-131- claim specific negotiated discount. Any reduction is in accordance with focus/beech street contract" is not supported. Accordingly, the reimbursement for the disputed services shall be calculated pursuant to the applicable division fee guideline.
 5. It is noted that the requestor alleges, among other allegations, that "...with respect to M4-11-1234, the same carrier [insurance carrier] agreed that there was no contract and hence, made the additional payment..." No decision was issued by the division's Medical Fee Dispute Resolution section because the requestor withdrew the dispute on January 18, 2011. Furthermore, since the division concluded that the carrier was not entitled to pay the disputed services at a contracted rate; conclusions on the allegations made by both parties on the existence of a contract need not be reached. The requestor's assertion is not considered.
 6. Pursuant to Texas Administrative Code §134.203(h), reimbursement shall be the least of the MAR amount or the health care provider's usual and customary charge. The maximum allowable reimbursement (MAR) for the service in dispute is \$143.74. The health care provider's usual and customary charge, as listed on the submitted medical bill, is \$138.41, which is the lesser amount. Reimbursement shall therefore be \$138.41 less the amount previously paid by the insurance carrier of \$117.65, which leaves an amount due to the requestor of \$20.76. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$20.76.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$20.76 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Manager

April 20, 2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.